

COMPLAINT FORM

BEFORE FILLING UP THIS FORM:

We invite you to first to discuss the problem with the person in charge of the department involved. She is in the best position to evaluate the situation and find a solution, if possible.

If you are the user or his legal representative and still not satisfied following this first step, we invite you to fill up the following document.

USER IDENTIFICATION

Last and first name: _____

Date of birth: _____

File number: _____

Phone: _____

Email address: _____

Otherwise, mail address : _____

IDENTIFICATION OF LEGAL REPRESENTATIVE (if applicable)

Last and first name: _____

Email address: _____

Otherwise, mail address: _____

Phone: _____

COMPLAINT DESCRIPTION

If this space is insufficient, please add an appended sheet

Location of event : _____

Date of event: _____
